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CONFIRMATION NO. 3767

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/931,112	<b>FILING OR 371(c) DATE</b> 08/17/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 06510003PB
<b>APPLICANTS</b> Marshall Z. Schwartz, Bryn Mawr, PA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/395,129 09/14/1999 PAT 6,319,899 which is a CIP of 08/932,391 09/17/1997 PAT 5,972,887				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/12/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 6
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> McGuire Woods LLP 1750 Tysons Boulevard, Suite 1800 McLean, VA22102				
<b>TITLE</b> TREATMENT OF INTESTINAL EPITHELIAL CELL MALFUNCTION, INFLAMMATION OR DAMAGE WITH HEPATOCYTE GROWTH FACTOR				
<b>FILING FEE RECEIVED</b> 655	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	